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POWER OF ATTORNEY Filing Date 10/26/2006 First Named Inventor Grega D. Scheller REVOCATION OF POWER OF ATTORNEY Title Surgical Instrument Handle with Adjustable WITH A NEW POWER OF ATTORNEY Art Unit AND Examiner Name Ryan N. Henderson CHANGE OF CORRESPONDENCE ADDRESS 10451-66 Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. I hereby appoint Practitioner(s) associated with the following Customer 16464 Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number:

Applicant/Inventor. OR Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record

Title and Company General Counsel, Synergetics, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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Peter T. Rasche

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